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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/06615 06/24/2003

**** FOREIGN APPLICATIONS *******

MB
**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>MB</i> Examiner's Signature <i>MB</i>	Allowance <i>MB</i>	Initials		

ADDRESS

46002

TITLE

Seat component to prevent whiplash injury

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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